Table of Contents

PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: PPHF 2013: Immunization - Increasing Human Papillomavirus (HPV) Vaccination Coverage Rates among Adolescents – financed solely by 2013 Prevention and Public Health Funds

Announcement Type:

- Revision – Type 3

Agency Funding Opportunity Number: CDC-RFA-IP13-130101PPHF13

Catalog of Federal Domestic Assistance Number: 93.539

Key Dates:

Letter of Intent Deadline: **August 16, 2013, 5:00 p.m. Eastern Time**

Application Deadline Date: **September 9, 2013, 5:00 p.m. Eastern Time**

Executive Summary:

Results of the 2011 NIS–Teen survey, conducted roughly 5 years after the 2006 licensure of the quadrivalent human papillomavirus (HPV4) for use in females, demonstrate that nearly half of females aged 13–17 years sampled in 2011 had not yet received their recommended first HPV vaccine dose, and over 65% had not received ≥3 doses as

recommended by the Advisory Committee on Immunization Practices (ACIP). At only 30.0%, coverage among females aged 13–15 years lagged behind the Healthy People 2020 goal of 80% coverage for ≥3 human papillomavirus (HPV) vaccine doses. In contrast, coverage estimates among all teens aged 13–15 years for ≥1 dose tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) and ≥1 dose quadrivalent meningococcal conjugate (MenACWY) were 80.5% and 71.5%, respectively, highlighting that 80% coverage is achievable among adolescents. These findings also indicate that opportunities for co-administration of HPV vaccine with other recommended vaccines are being missed. Of further concern is that vaccination coverage for ≥1 HPV dose appears to be plateauing among the adolescent female population; coverage only increased 4 percentage points from 2010 to 2011, roughly half the percentage point increases observed for Tdap and MenACWY, respectively.

Through independent work as well as collaborative initiatives led by selected immunization program awardees, this FOA is designed to use evidence-based practices and tools to address issues that have been identified as barriers to increasing HPV vaccination coverage. These issues include providers failing to render strong HPV vaccination recommendations at every opportunity (in the absence of a clinical contraindication), shifting limited HPV vaccination administration practices to older teens (i.e., rather than vaccinating 11–12 year olds, consistent with ACIP recommendations), and lacking knowledge regarding HPV vaccination indications and HPV disease. Other barriers appear to stem from parental perceptions and educational needs. By helping to address the fact that parents are not knowledgeable about HPV vaccination recommendations, this FOA is also intended to increase demand for, and acceptance of, HPV vaccination.

Purpose

The purpose of the program is to increase HPV vaccination coverage among adolescents by:

1. Developing a jurisdiction-wide joint initiative with immunization stakeholders,
2. Implementing a comprehensive communication campaign targeted to the public,
3. Implementing Immunization Information System (IIS)-based reminder / recall for adolescents aged 11–18 years either through a centralized approach (preferred) or by providing support to immunization providers,
4. Using assessment and feedback to evaluate and improve the performance of immunization providers in administering the 3-dose HPV vaccine series consistent with current ACIP recommendations, and
5. Implementing strategies targeted to immunization providers to
    a) Increase knowledge regarding HPV-related diseases (including cancers),
    b) Increase knowledge regarding HPV vaccination safety and effectiveness,
    c) Improve skills needed to deliver strong, effective HPV vaccination recommendations,

d) Decrease missed opportunities for timely HPV vaccination and series completion, and
e) Increase administration of HPV vaccine doses consistent with current ACIP recommendations.

Measurable outcomes of the FOA will be in alignment with one (or more) of the following performance goal(s) for the National Center for Immunization and Respiratory Diseases: Ensure that children and adolescents are appropriately vaccinated; as well as CDC's health protection goal: Healthy People in Every Stage of Life. This overall FOA addresses the following Healthy People 2020 objectives:

IID – 11.4 Increase the vaccination coverage level of 3 doses of human papillomavirus vaccine for females by age 13 to 15 years

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This project is authorized under section 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended and the Patient Protection and Affordable Care Act (PL 111-148).

Background

Overview of HPV Epidemiology, Clinical Outcomes, and Vaccination Recommendations

In the United States, an estimated 14 million persons are newly infected annually with genital human papillomavirus (HPV), making this infection the nation's most common sexually transmitted infection. Nearly half of new HPV infections occur among persons aged 15–24 years. Although most infections are asymptomatic and resolve, persistent infections can cause disease, including cancers. Currently, no cure exists for HPV infection; treatments can only be directed at HPV-associated lesions.

Almost all cervical cancers and many vaginal, vulvar, anal, penile, and oropharyngeal cancers are attributable to persistent, oncogenic HPV infections. In 2009, nearly 35,000

HPV-attributable cancers were reported in the United States. Of these, 39% occurred in males.

Approximately 100 HPV types have been described; HPV types 16 and 18 cause 70% of cervical cancers. Among types associated with other HPV-related cancers, HPV 16 is most prevalent. Non-oncogenic types can result in clinically significant disease; HPV types 6 and 11 can cause recurrent respiratory papillomatosis (a rare condition in which warts develop in the respiratory tract) and cause nearly all genital warts.

Two HPV vaccines are currently licensed in the United States for prevention of specific HPV types and HPV-associated outcomes. In June 2006, a quadrivalent HPV vaccine (HPV4; Gardasil; Merck & Co., Inc.) was licensed by the Food and Drug Administration (FDA) for use in females for prevention of cervical cancer, cervical cancer precursors, vulvar and vaginal cancer precursors, and anogenital warts caused by HPV types 6, 11, 16 and 18. In 2008, HPV4's indications were expanded to include vulvar and vaginal cancers. In 2009, HPV4 was licensed for use in males for genital warts prevention. Also in 2009, the FDA licensed bivalent HPV vaccine (HPV2; Cervarix; GlaxoSmithKline) for use in females for prevention of cervical cancer and cervical cancer precursors caused by HPV types 16 and 18. In December 2010, HPV4's indications were expanded to include anal cancer prevention in females and males. Both vaccines are administered as 3-dose series over 6 months.

The Advisory Committee on Immunization Practices (ACIP) currently recommends routine HPV vaccination for all persons aged 11–12 years. For females, ACIP recommends either HPV4 or HPV2; for males, ACIP recommends HPV4 (HPV2 is not licensed for males). For persons who have not initiated or completed the series, vaccination is recommended for females through age 26 years and for males through age 21 years. For unvaccinated or incompletely vaccinated immunocompromised males or men who have sex with men, vaccination is recommended through age 26 years.

Review of HPV Vaccination Coverage Data

Results of the 2011 NIS–Teen survey, conducted roughly 5 years after the 2006 licensure of the quadrivalent human papillomavirus (HPV4) for use in females, demonstrate that nearly half of females aged 13–17 years sampled in 2011 had not yet received their recommended first HPV vaccine dose, and over 65% had not received ≥3 doses as recommended by the Advisory Committee on Immunization Practices (ACIP). At only 30.0%, coverage among females aged 13–15 years lagged behind the Healthy People 2020 goal of 80% coverage for ≥3 human papillomavirus (HPV) vaccine doses. In contrast, coverage estimates among all teens aged 13–15 years for ≥1 dose tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) and ≥1 dose quadrivalent meningococcal conjugate (MenACWY) were 80.5% and 71.5%, respectively, highlighting that 80% coverage is achievable among adolescents. These findings also indicate that opportunities for co-administration of HPV vaccine with other

recommended vaccines are being missed. Of further concern is that vaccination coverage for ≥1 HPV dose appears to be plateauing among the adolescent female population; coverage only increased 4 percentage points from 2010 to 2011, roughly half the percentage point increases observed for Tdap and MenACWY, respectively.

Among girls aged 13–17 years, coverage with ≥1 HPV vaccine dose ranged from 39.1% (Mississippi) to 76.1% (Rhode Island), while coverage with ≥3 HPV vaccine doses varied from 15.5% (Arkansas) to 56.8% (Rhode Island). For both ≥1 and ≥3 HPV vaccine doses, southern states had significantly lower coverage than states in the northeast and west. Mississippi and Arkansas are among the states with the highest incidences of HPV-associated cervical cancers.

Overall, among males aged 13–17 years, 8.3% (CI = 7.3–9.3) had received ≥1 dose and 1.3% (CI=1.0–1.6) had received ≥3 doses of HPV vaccine. Completion of the HPV series among those who initiated the series and had at least six months between the first dose and the NIS-Teen interview date was documented only among 70.7% (CI= 68.4–73.0) of females and 28.1% (CI= 21.6–34.6) of males. Notably, coverage estimates among males in 2011 reflect vaccination practices related to the 2009 guidance from the ACIP that HPV4 could be administered to males aged 9–26 years and do not reflect uptake after the routine recommendation for vaccination of males, which was made in October 2011.

Addressing Barriers to Increasing HPV Vaccination Coverage

According to the 2011 NIS–Teen survey, the top 5 reasons cited by parents of both girls and boys who expressed no intention to vaccinate their teens in the ensuing 12 months following interviews included "not recommended," "not needed or necessary," "lack of knowledge," and "[child] not sexually active." Parents of females also cited safety concerns and side effects. The NIS-Teen finding regarding lack of knowledge and parents' perception that the vaccine is not needed is consistent with other research. For example, national consumer health surveys conducted in 2007 substantiated that, among surveyed parents of adolescents (n = 1,208), only 21% were able to identify the vaccines, including HPV vaccine, that were recommended for adolescents at the time of the survey. While the reports by parents of males regarding the vaccine not being recommended likely stem from the timing of the survey's administration relative to the 2011 ACIP recommendation for males, the fact that parents of girls cited lack of recommendation is concerning.

Studies consistently indicate that healthcare provider recommendation is the single strongest predictor of vaccination status. Formative research with healthcare providers, including pediatricians, family practitioners, and nurses, clearly and consistently indicate that increased education is needed regarding vaccines recommended for adolescents, with emphasis on evolving HPV vaccination recommendations, which now include males. In

addition, interviewed providers have requested educational materials for both themselves (to facilitate improved communication with parents) as well as for parents (to increase parental awareness and education). Staff members from the Centers for Disease Control and Prevention (CDC) have developed in-depth materials for both providers and parents with pre-tested messages stemming from formative research. Dissemination of these materials to parents and providers is needed to foster increased HPV vaccination coverage.

Evidenced based strategies that are recommended by the Task Force on Community Preventive Services for increasing vaccination coverage include reminder/recall and assessment and feedback. Reminder/recall involves informing members of a target population that one or more vaccinations are due (reminders) or late (recall); assessment and feedback entails retrospectively assessing providers' performances in delivering one or more vaccinations to a client population and giving this information (feedback) to providers. While several studies have shown reminder/recall to be effective, few providers have incorporated reminder/recall into their practices. Assessment and feedback has also been shown to be effective at improving infant vaccination coverage levels, but few immunization programs have expanded assessment and feedback activities to the adolescent population.

Both reminder/recall and assessment activities can be resource intensive in the absence of well-organized electronic data. Immunization information systems (IIS) (i.e., confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers) make it possible for immunization programs and providers to generate reminder/recall notifications and assess vaccination coverage levels in a standardized and timely manner. A recently published study indicates that, compared with practice-based recall, centralized recall was more cost-effective and effective in improving immunization rates among preschool children.

Under current operational funding, immunization program awardees are limited in their abilities to use IIS to engage in reminder/recall activities for adolescents, and they are able to provide AFIX visits only to ~25% of all Vaccines for Children (VFC) program providers annually. This FOA is intended to facilitate use of IIS for reminder/recall of adolescents due or overdue for HPV vaccination and other vaccines, expansion of AFIX visits to more providers caring for adolescents, and emphasis during AFIX visits on promotion of timely HPV vaccination consistent with current ACIP recommendations.

In addition to the VFC program and the Section 317 immunization grant program, CDC administers two federal programs with the potential to decrease HPV-associated cancer incidence, morbidity, and mortality. Through cooperative agreements with awardees nationwide, CDC's Division of Cancer Prevention and Control provides funding for the National Comprehensive Cancer Control Program (NCCCP) and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP program, the

VFC program, and the Section 317 immunization grant program are designed to remove cost as a barrier to health care and to serve populations with greatest need as well as increased risks of infection and disease. Through the NCCCP, CDC currently supports the development and implementation of cancer control plans in 50 states, the District of Columbia, 7 tribal groups, and 7 U.S. Associated Pacific Islands/territories. Applicants responding to this FOA are encouraged to consider and create opportunities within their jurisdictions to leverage the strengths of these four federal programs.

Through independent work as well as collaborative initiatives led by selected immunization program awardees, this FOA is designed to use evidence-based practices and tools to address issues that have been identified as barriers to increasing HPV vaccination coverage. These issues include providers failing to render strong HPV vaccination recommendations at every opportunity (in the absence of a clinical contraindication), shifting limited HPV vaccination administration practices to older teens (i.e., rather than vaccinating 11–12 year olds, consistent with ACIP recommendations), and lacking knowledge regarding HPV vaccination indications and HPV disease. Other barriers appear to stem from parental perceptions and educational needs. By helping to address the fact that parents are not knowledgeable about HPV vaccination recommendations, this FOA is also intended to increase demand for, and acceptance of, HPV vaccination.

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    d) Decrease missed opportunities for timely HPV vaccination and series completion, and
    e) Increase administration of HPV vaccine doses consistent with current ACIP recommendations.

This program addresses the "Healthy People 2020" focus area(s) of
IID – 11.4 Increase the vaccination coverage level of 3 doses of human papillomavirus vaccine for females by age 13 to 15 years.

Program Implementation

Recipient Activities

1. Develop a jurisdiction-wide joint initiative with stakeholders including public health immunization as well as cancer prevention and control programs, other government entities (including Medicaid programs, the Indian Health Service), community health centers, federally qualified health centers (FQHCs), rural health centers (RHCs), non-governmental organizations including (but not necessarily limited to) immunization coalitions, cancer prevention and control organizations, comprehensive cancer control coalitions, clinical partners, managed care organizations and large health systems, insurers, professional organizations [e.g., state/local chapters of organizations such as the American Academy of Pediatrics (AAP), state/local members of organizations such as the National Association of Chronic Disease Directors], and others.

Note: It is anticipated that the additional activities described below will be integral to (and might be expanded through) the HPV vaccination joint initiative, but the activities below should be started as soon as possible following award notification. This should be reflected in applicants' timelines.

1. Implement a comprehensive communication campaign targeted to the public, with emphasis on reaching parents / guardians of children aged 11–18 years.

    a) Awardees are strongly encouraged to:
        i) Use CDC's materials that include pre-tested messages stemming from formative research; this will facilitate rapid implementation of a communication campaign to promote HPV vaccine awareness and acceptance,
        ii) Allocate 20–25% of award funds to this communication campaign,
        iii) Include public information officers or directors of communication in planning and implementing proposed communication campaigns.

    b) Awardees may consider including in communication campaigns:
        (i) Information and messages to promote eligible adolescents' receipt of recommended vaccines through the Vaccines for Children Program,
        (ii) Information and messages, where appropriate, to inform the public of impending reminder/recall activities;

(iii) Plans to translate existing materials into languages accessible to the jurisdiction's largest minority groups. Translations and formats that are culturally sensitive are encouraged. Materials should be shared back with CDC communications staff and other awardees to facilitate potential dissemination beyond a single jurisdiction and to prevent duplication of efforts.

3. Implement Immunization Information System (IIS)-based reminder/recall for adolescents aged 11–18 years either through a centralized approach (the immunization program conducts all activities, but informs providers of the reminder/recall planned) or by providing support to immunization providers (i.e., the immunization program recruits and trains providers, who then disseminate all reminder/recall notices). The centralized approach is preferred due to evidence showing greater cost-effectiveness and effectiveness of this approach compared to provider-based reminder/recall.

4. Use assessment and feedback to evaluate the performance of providers in administering the 3-dose HPV vaccine series consistent with current ACIP recommendations and present this information to providers to guide changes, if needed, in their clinical practice patterns.

5. Implement strategies targeted to immunization providers to:

a) Increase knowledge regarding HPV-related diseases (including cancers),
b) Increase knowledge regarding HPV vaccination safety and effectiveness,
c) Improve skills needed to deliver strong, effective HPV vaccination recommendations,
d) Decrease missed opportunities for timely HPV vaccination and series completion, and
e) Increase administration of HPV vaccine doses consistent with current ACIP recommendations.

Applicants are strongly encouraged to:

- Use CDC's materials that include pre-tested messages stemming from formative research.
- Tie education and outreach activities to other activities, including reminder / recall and assessment and feedback, whenever feasible.
- Design interventions to help practices identify sustainable, long-term strategies to avoid missed vaccination opportunities at both well and acute care visits.
- Target interventions to include all staff members of practices providing immunizations to adolescents (e.g., physicians, physician extenders, nurses, medical assistants, reception / appointment scheduling staff) and to promote awareness of the importance of every staff member's knowledge, attitudes,

and beliefs in facilitating timely HPV vaccination for adolescents affiliated with that practice.

- Expand and facilitate education and outreach activities as much as feasible through the stakeholders participating in the jurisdiction-wide HPV vaccination joint initiative described above. For example, local hospitals might host speakers for Grand Rounds presentations. Professional organizations (e.g., state AAP chapters) meetings might host invited speakers at annual or periodic conferences. Because immunization providers' attendance / participation rates in activities offering continuing education (CE) are likely to be greater than in events without CE, applicants are encouraged to pursue CE accreditation for outreach targeting immunization providers.

6. Applicants should plan to:
   a) Participate in regular project calls with CDC as follows:
      i. Bi-weekly during the first 3-6 months of the project
      ii. Monthly thereafter
   b) Submit quarterly progress reports with quantitative measures.
   c) Participate in limited conference calls with other awardees funded through this FOA.
   d) Attend a reverse site visit in Atlanta, GA.
   e) Disseminate lessons learned through presentations to HPV vaccination joint initiative stakeholders and through presentations at other appropriate venues and partner collaboration.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

1. Review and comment on award recipients' proposed implementation plans and identify gaps, opportunities, or synergies.
2. Monitor awardees' progress in meeting timelines and milestones. Identify challenges through conference calls, monthly reports, and budget expenditures.
3. Provide technical assistance, as needed, to awardees regarding current issues related to HPV disease and vaccination, project implementation, budget, and evaluation activities.
4. Collaborate with award recipients to develop process and outcome measures that can be used by awardees to demonstrate progress toward improving HPV vaccination coverage among adolescents. These process and outcome measures will be incorporated by each award recipient into reports submitted to CDC.
5. Facilitate awardee reverse site visits and, as needed, multi-awardee conference calls to provide enhanced technical assistance, address challenges/barriers, and promote sharing of best practices.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement.
Award Mechanism: H23 Immunization Grants and Vaccines for Children
Fiscal Year Funds: 2013
Approximate Total Supplemental Funding: $7,000,000 (This amount is subject to availability of funds. This includes direct and indirect costs. The government reserves the right to adjust award amounts for program areas as agency and public health priorities change.
Approximate Number of Awards: This will depend on the number and quality of applications and the available funding.
Approximate Average Award: $700,000 (This amount is for a 15-month budget period, and includes both direct and indirect costs.)
Floor of Individual Award Range: $400,000
Ceiling of Individual Award Range: $1,000,000 (This ceiling is for a 15-month budget period.) This is for total cost, which would include indirect costs. Although the ceiling is $1,000,000, CDC will allow a higher amount to be requested up to $1,400,000 if the awardee proposes significant media campaigns or partnership activities.
Anticipated Award Date: September 30, 2013
Budget Period Length: 15 months
Project Period Length: 15 months

III. ELIGIBILITY INFORMATION

Eligible Applicants

The following recipients may submit an application:

Applicants must be one of the 64 Immunization Program awardees currently funded under CDC-RFA-IP13-1301 "Immunization and Vaccines for Children Program" to ensure availability of the necessary infrastructure to perform the activities required and the experience needed to complete the required functions successfully.

Required Registrations

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

The recipient is required to have the original DUNS identifier to apply for additional funds.

An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain their CCR registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at **www.ccr.gov**.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Letter of Intent (LOI):

Prospective applicants are requested to submit a letter of intent that includes the following information:

- Number and title of this funding opportunity
- Descriptive title of proposed project
- Name, address, and telephone number of the Principal Investigator/Project Director
- Names of any key personnel if known
- Planned participating institutions if known

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or email to:

Ms. Harriette Lynch
CDC, NCHHSTP, Extramural Non-Research Unit
1600 Clifton Road, NE, Mailstop E-07
Atlanta, GA 30329
Telephone: 404-718-8837
Fax: 404-639-8606
E-mail: HLynch@cdc.gov

Although a letter of intent is not required, is not binding, and does not enter into the review of an application, the information that it contains allows CDC program staff to estimate and plan the review of submitted applications. Requested LOIs should be provided not later than by the date indicated in Part 1 Overview Information.

Note: Limit file names to 50 characters and do not use special characters (e.g. &, -, *, %, /, #) including periods (.), blank spaces and accent marks within application form fields and file attachment names. An underscore (_) may be used to separate a file name. Also, do not attach multiple documents with the same file name. All information submitted must be typed.

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information. The Project Abstract may be single-spaced.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 15; if your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

1. **Purpose, Background, and Need:** In these sections, applicants should include information regarding the jurisdiction's estimated adolescent population size, recent HPV vaccination coverage data, and estimated HPV-associated disease burden. Descriptions of prior immunization coalition activities or barriers to the establishment of coalitions in the past should be included. Applicants should describe the jurisdiction's current communications efforts (if applicable) and resources, including IIS, and outline the resource needs required to accomplish this project. Additional IIS details provided should include:

a) Numbers of providers reporting to the IIS, number and percentage of adolescents captured in the IIS, number and percentage of adolescents with documentation of at least 2 vaccinations administered between the ages of 9–18 years in the IIS,

b) Descriptions of any previous or current activities that utilize the IIS to conduct reminder/recall and/or assessment of vaccination coverage levels.

2. **Implementation Methods and Plan:**

Applicants should:

a) Be as fully responsive as feasible to the activities as described in Part 2 (under "Recipient Activities").
b) Describe how the HPV vaccination joint initiative stakeholders will be recruited, convened, and retained in ongoing efforts to plan joint and complementary activities to increase HPV vaccination coverage and to assess effectiveness of activities. Applicants are encouraged to build upon pre-existing initiatives / coalitions.
c) Describe plans to track and report process measures for the HPV vaccination joint initiative.
d) Include public health cancer prevention and control programs in developing proposals and, to the fullest extents possible, in implementing plans (e.g., cancer prevention and control programs and their partners should be invited to participate actively in the HPV vaccination joint initiative).
e) Identify, partner, and plan strategies with federally qualified health centers (FQHCs) and rural health centers (RHCs) in their jurisdictions to provide HPV vaccination (and other vaccines) to VFC-eligible pre-teens and adolescents (including the underinsured and the uninsured) as well as to uninsured young adults, whose vaccinations could be provided using 317 funds. FQHC and RHC representatives should be invited to participate actively in the HPV vaccination joint initiative.
f) Provide an overview of the proposed communication campaign. Note that some elements of the communication campaign may be discussed and decided upon in consultation with CDC health communications experts and project officers following awardees' receipts of Notices of Awards. This approach should allow awardees to take most advantage of the breadth of CDC-prepared materials and resources.
g) Describe plans to track and report process measures for the communication campaign [e.g., number of visits to applicant's website and other metrics that reflect use of web content (including digital ads), numbers of flyers disseminated, and numbers of health fairs staffed].
h) Describe plans to use IIS data to identify and disseminate reminder / recall notices to parents of adolescents aged 11–18 years who are either due or overdue for any HPV vaccine dose. Proposals that include plans to assess adolescents for other recommended vaccines are encouraged, if this will not impede dissemination of notices regarding HPV vaccination. Applicants who are able to focus only on HPV vaccination status are encouraged to include language in reminder / recall

notices designed to prompt parents/guardians to discuss with providers any other vaccines that might be recommended for their teens.

i) Indicate whether reminder/recall will be centralized or provider-based.* In choosing and tailoring proposed approaches, applicants should prioritize reminder/recall approaches that would allow reminder/recall to reach the greatest numbers of adolescents feasible. For example, if provider-based recall is proposed, applicants might collaborate with health care systems and /or plan to identify and recruit immunization providers who collectively serve a large proportion of the jurisdiction's adolescents.

j) Specify the following:
   i) If the proposed IIS reminder/recall activity is consistent with Modeling of Immunization Registry Operations Work Group (MIROW) best practices available at: http://www.immregistries.org/resources/aira-mirow
   ii) Dissemination method(s) for reminder/recall notices (e.g., mail, phone, email, text message, or a combination of methods),
   iii) Frequency of dissemination of reminder/recall notices,
   iv) Methods for identifying adolescents aged 11–18 years included in the IIS who are due or overdue for 1 or more HPV vaccine doses.

k) Describe plans for tracking process and outcome measures including numbers of reminder/recall notices sent, numbers of returned or undeliverable notices, and numbers of adolescents receiving ≥1, ≥2, and ≥3 HPV vaccine doses.

l) Estimate the number of additional immunization providers serving adolescents who will be able to receive AFIX visits through this project and, if applicable, the number of providers who could receive additional outreach /education complementing their previously planned, routine AFIX visits.

m) Specify for assessment and feedback activities:
   i) Methods for determining vaccination coverage levels
   ii) Methods for assessing missed vaccination opportunities
   iii) Frequency of assessments (at a minimum every 6 months)
   iv) Methods and schedules for disseminating reports
   v) Methods for tracking follow-up discussions with providers

n) Describe plans for tracking process and outcome measures including numbers of providers receiving assessment and feedback site visits, baseline HPV vaccination coverage estimates (for ≥1, ≥2, and ≥3 HPV vaccine doses), and follow-up HPV vaccination coverage estimates for the three measures specified above.

o) Describe strategies to achieve the 5 objectives related to improving providers' knowledge, skills, avoidance of missed vaccination opportunities, and adherence to ACIP HPV vaccination recommendations.

p) Describe plans for monitoring and reporting on changes in knowledge, attitudes and practices among providers and office staff following their receipt of educational interventions. For example, CE planning could include pre- and post-testing whenever feasible.

q) Describe plans to disseminate lessons learned through presentations to HPV vaccination joint initiative stakeholders and through presentations at other appropriate venues and partner collaboration.

***NOTE:** If IIS reminder/recall activities will be conducted at the provider level, applicants must also describe the number of providers to be recruited, methods for recruiting and training providers, follow-up activities with providers to ensure they are conducting activity as planned, applicant's plans for providing technical assistance to providers as needed, and plans for collecting process measures required for monthly and quarterly progress reports to CDC.

3. **Timeline:** Applicants should provide a clear, realistic timeline for activities that will result in completion of the plan consistent with award specifications. The timeline should indicate initiation and completion of activities in sequence and in parallel, as appropriate. Milestones that correlate with the applicant's plan and that can be used to track plan implementation should be included.

4. **Capacity**: Provide an overview of the staff members who will be conducting each proposed activity, the background and experience of the personnel, and how they will operate to implement this program effectively.

5. **Budget justification** (not counted in the page limit): Travel described in activities including travel for partner collaboration should be reflected in the application budget.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum vitas, resumes, lists of organizations that are planned for recruitment for the HPV vaccination initiative, and organizational charts

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

- Applicants should label all electronic files to clearly identify the specific component of the application.

No more than 10 should be uploaded per application.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm and is **required** for competing continuations.

Additional requirements for additional documentation with the application are listed in Section VI. Award Administration Information; subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

Letter of Intent Deadline Date: August 16, 2013, 5:00 p.m. Eastern Time

Application Deadline Date: September 9, 2013, 5:00 p.m. Eastern Time

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 5:00 p.m. Eastern Time on the deadline date.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants/spoc.html.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
  (b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any

activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made

a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC

Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You

can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the FOA IP13-1301. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

1. **Purpose, Background, and Need** (25 Points): To what extent does the applicant justify the need for this project within the applicant's jurisdiction? Parameters that might be considered include comparatively larger estimated adolescent population size, lower HPV vaccination coverage, evidence of decreasing or stagnating coverage, and higher HPV-related disease burden. For example, were 2011 NIS-TEEN coverage rates among females aged 13–17 years for ≥1 or ≥3 HPV vaccine doses less than the national averages of 53% and 35%, respectively? Have HPV-associated cervical cancer rates been estimated at >8 per 100,000 females? Are other disease burden data cited by the awardee

to provide evidence of this awardee's need? Does the narrative describe current or previous efforts to promote HPV vaccination through coalition development, communications directed to the public, or outreach to immunization providers? Or does the narrative describe past barriers to such work that might be transcended through this award? Has the applicant described the IIS? Has the applicant described the resources that currently exist and outlined the resource needs required to accomplish this project?

2. **Implementation Plan and Methods** (50): Is the plan adequate to address fully each of the required elements listed in the purpose of this announcement? Is the plan complete, sound, and practical? Does the plan include proposed quantitative process and outcome measures? Are the proposed methods feasible? To what extent will they accomplish the program goal of increasing HPV vaccination coverage among adolescents?

3. **Timeline** (10 Points): Does the plan include a well-defined, reasonable, realistic timeline that will result in completion of the plan within award specifications? Are there milestones that correlate with the applicant's plan and that can be used to track plan implementation?

4. **Capacity** (15 Points): Does the implementation plan identify adequate staff in a way that demonstrates applicant understanding of the labor resources needed to implement each of the specified activities consistent with the defined purpose?

Do personnel include public information officers or directors of communication? Does the plan demonstrate the applicant's engagement of the jurisdiction's public health cancer prevention and control program in planning and implementation? Does the plan entail collaboration with the jurisdiction's FQHCs and RHCs? For any of these staff or public health entities that are not included, does the plan detail justifiable reasons why they are not?

Do proposed staffing resources have prior experience in their proposed implementation role(s)? Are staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? To what extent does applicant propose using existing staff versus new and/or existing contracts or hiring of new staff to accomplish stated objectives? Does the implementation plan demonstrate the capacity to spend requested funds within the performance period?

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored)] Although the budget is not scored recipients should consider the following in development of their budget:

Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities? Travel to a reverse site visit in Atlanta GA, partner collaboration, and to other necessary meetings should be

included in the application budget. In addition, proposed budgets should allocate 20–25% of funds to implement the communication campaign.

If the recipients requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by NCIRD and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria." The objective review panel will review and rank each application based on the evaluation criteria provided in this FOA. The review panel will consist of CDC employees – the majority of whom will be from outside the funding center (NCIRD) – and in accordance with CDC objective review policies and procedures. CDC will develop a list of recommended awardees in rank order based on the results of the objective review panel.

Selection

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision: Comparatively larger estimated unvaccinated female adolescent population size, lower HPV vaccination coverage, evidence of decreasing or stagnating HPV vaccination coverage, and higher HPV-related disease burden. CDC will provide justification for any decision to fund out of rank order.

VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director.

Unsuccessful recipients will receive notification of the results of the application review.

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-20 Conference Support
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966 (Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.

4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/ consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

Section 220 – Prevention Fund Reporting Requirements

Responsibilities for Informing Sub-recipients:

- Recipients agree to separately identify to each sub-recipient and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF fund purposes, and amount of PPHF funds.
- Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:
This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July 1- December 31, and email such reports (in 508 compliant agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of

the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

Each funded recipient must provide CDC with the following reports:

1. **Quarterly progress report,** due 120 days after award and then quarterly thereafter.

2. **Federal Financial Report (SF-425) and annual progress report,** no more than 90 days after the end of the budget period.

3. **Final Performance and Federal Financial Report,** no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled "Agency Contacts."

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Christine Robinette Curtis, MD, MPH, FAAP, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
Telephone: 404-639-8389
E-mail: rcurtis@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Michael Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-14
Atlanta, GA 30341
Telephone: 770-488-2686
E-mail: mvance@cdc.gov

For **application submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14

Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348

VIII. Other Information

Selected references:

CDC. National and state vaccination coverage among adolescents aged 13–17 years—United States, 2011. MMWR 2012;61:671–7.

CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007; 56 (No. RR-2):1–24.

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Chesson HW, Ekwueme DU, Saraiya M, Watson M, Lowy DR, Markowitz LE. Estimates of the annual direct medical costs of the prevention and treatment of disease associated with human papillomavirus in the United States. Vaccine 2012; 30:6016–19.

Jemal A, Simard EP, Dorell C, et al. Annual report to the nation on the status of cancer, 1975–2009, featuring the burden and trends in human papillomavirus (HPV)–associated cancers and HPV vaccination coverage levels. J Natl Cancer Inst 2013 Feb 6; 105(3):175–201.

CDC. Human papillomavirus-associated cancers—United States, 2004–2008. MMWR 2012; 61:258–61.

Lacey CJN, Lowndes CM, Shah KV. Chapter 4: Burden and management of non-cancerous HPV-related conditions: HPV-6/11 disease. Vaccine 2006 Aug 31; 24 Suppl 3:S3/35–41.

CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males— Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011; 60:1705–8.

CDC. Advisory Committee on Immunization Practices (ACIP) recommended immunization schedules for persons aged 0 through 18 years and adults aged 19 years and older—United States, 2013. MMWR 2013; 62 (Suppl 1):1–19.

US Department of Health and Human Services. Healthy people 2020. Washington, DC: US Department of Health and Human Services; 2012. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23. Page last updated September 13, 2012; accessed September 20, 2012.

CDC. HPV-associated cervical cancer rates by state. Available at: http://www.cdc.gov/cancer/hpv/statistics/state/cervical.htm. Page last updated April 18, 2012. Accessed June 13, 2012.

CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males— Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011; 60:1705–8.

Dorell C. Human papillomavirus (HPV) vaccination coverage in the United States: National Immunization Survey–Teen, 2006–2011. Advisory Committee for Immunization Practices. October 25, 2012; available at: http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-oct-2012/02-HPV-Dorell.pdf Accessed June 28, 2013.

Kennedy A, Stokley S, Curtis CR, Gust D. Limited awareness of vaccines recommended for adolescents and other results from two national consumer surveys in the United States. J Adolesc Health. 2012 Feb; 50(2):198–200.

CDC. Guide to Community Preventive Services. Available at: http://www.thecommunityguide.org/vaccines/universally/index.html. Page last updated January 3, 2011. Accessed October 12, 2012.

Kempe A, Saville A, Dickinson LM, et al. Population-based versus practice-based recall for childhood immunizations: a randomized controlled comparative effectiveness trial. AJPH 2013; 103(6):1116–23.

Khan K, Curtis CR, Ekwueme DU, Stokley S, Walker C, Roland K, Benard V, Saraiya M. Preventing cervical cancer: Overviews of the National Breast and Cervical Cancer Early Detection Program and 2 US immunization programs. Cancer 2008; 113(10 Suppl):3004–12.

CDC. National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Available at: http://www.cdc.gov/cancer/nbccedp/ Page last updated: July 1, 2013. Accessed July 8, 2013.

CDC. National Comprehensive Cancer Control Program (NCCCP). Available at: http://www.cdc.gov/cancer/ncccp/about.htm Page last updated: July 1, 2013. Accessed July 8, 2013.

American Immunization Registry Association (AIRA). Reminder/recall in immunization information systems: Recommendations of the AIRA and Modeling of Immunization Registry Operations Work Group (MIROW). Released April 10, 2009. Available at: http://www.immregistries.org/resources/AIRA-MIROW_RR_041009.pdf Accessed July 3, 2013.

Other CDC funding opportunity announcements can be found www.grants.gov.